CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

(LAST)

NAME

Beckman

STATEMENT OF ECONOMIC INTERESTS

Date Received RECEI ED

COVER PAGE

2005 MAR - 1 PM 2: 05

CITY OLES N

A Public Document Please type or print in ink

(FIRST)

John

	(MIDD	LE)	DAYTIME TELEPHONE NUMBER
	R.		, 209 , 235-7831
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	CA	95240	ing sage die provincia frie friends gewen zu zu zu zegener der der der der der gegen zu zu zu zu zu zu zu zu z
		e Summar	y s or "No reportable interests.")

MAILING ADDRESS STREET (May use business address)	CITY	STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRES
221 W. Pine Street	Lodi	CA 95240
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1. Office, Agency, or Court	harbeets and the state of the s	4. Schedule Summary (Check applicable schedules or "No reportable interests.")
Name of Office, Agency, or Court:		During the reporting period, did you have any reportable
Lodi City Council	24-10-10-10-10-10-10-10-10-10-10-10-10-10-	interests to disclose on:
Division, Board, District, if applicable:		Schedule A-1 Yes – schedule attached Investments (Less than 10% Ownership)
Your Position:	The state of the s	
City Council Member		Schedule A-2 Yes – schedule attached Investments (10% or greater Ownership)
If filing for multiple positions, list as position(s): (Attach a separate she	et if necessary.)	Schedule B
Agency: Redevelopment Agency of L	.odi	Schedule C X Yes - schedule attached
Position: Member	Annie de la constante de la co	Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)
Position:		Schedule D (Eliminated – report loans on Schedule C)
2. Jurisdiction of Office (Check	k at least one box)	Schedule E Yes – schedule attached
	ALLEGEN	Income – Gifts
County of		Schedule F Yes – schedule attached Income – Travel Payments
[X] City of Lodi	1	
Multi-County	[-or-
Cother	-	No reportable interests on any schedule
		Total number of pages
3. Type of Statement (Check at	t least one box)	completed including this cover page:2
Assuming Office/Initial Date: _		
Annual: The period covered is Janu through December 31, 2004.	ary 1, 2004,	5. Verification
-or-		I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge
O The period covered is	, through	the information contained herein and in any attached schedules is true and complete.
Leaving Office Date Left:/ (Check one)		I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
O The period covered is January 1, date of leaving office.	2004, through the	Date Signed 3-1-05
-or-	Canada Ca	(month, day, year)
O The period covered is/ the date of leaving office.	_/, through	Signature (File the originally signed statement with your filing official.)

FPPC Form 700 (2004/2005) FPPC Toll-Free Helpline: 866/ASK-FPPC

Candidate

SCHEDULE C Income, Loans* & Business Positions

(Other than Gifts and Travel Payments)

200	7 A
	CALIFORNIA FORM / J U
	FAIR POLITICAL PRACTICES COMMISSION
	Name
1	J. Beckman

➤ 1. NAME OF SOURCE OF INCOME	> 1. NAME OF SOURCE OF INCOME
BIA of the Delta	
ADDRESS	ADDRESS
509 W. Weber Avenue #410, Stockton	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trade association	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Director of Governmental Affairs	
GROSS INCOME RECEIVED/HIGHEST BALANCE DURING REPORTING PERIOD, IF LOAN	GROSS INCOME RECEIVED/HIGHEST BALANCE DURING REPORTING PERIOD, IF LOAN
\$500 - \$1,000 S1,001 - \$10,000	\$500 - \$1,000 [] \$1,001 - \$10,000
X \$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's income Loan repayment	Salary Spouse's income Loan repayment
the second	house!
Sale of	Sale of
(Property, car, boat, etc.)	(Property, car, boal, etc.)
Commission or Rental income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
	Aggression in the NAME OF Physpography and Adj A facility (NAME of Physpograph
Other(Describe)	Other
AVI	(Describe)
LOAN RECEIVED (complete box 2)	LOAN RECEIVED (complete box 2)
▶ 1. NAME OF SOURCE OF INCOME	> 2. LOAN RECEIVED
► 1. NAME OF SOURCE OF INCOME	
► 1. NAME OF SOURCE OF INCOME ADDRESS	INTEREST RATE TERM (Months/Years)
	INTEREST RATE TERM (Months/Years)% None
ADDRESS	INTEREST RATE TERM (Months/Years)
ADDRESS	INTEREST RATE TERM (Months/Years) % None SECURITY FOR LOAN None Personal residence
ADDRESS BUSINESS ACTIVITY, IF ANY, OF SOURCE	INTEREST RATE TERM (Months/Years) % None SECURITY FOR LOAN None Personal residence
ADDRESS BUSINESS ACTIVITY, IF ANY, OF SOURCE YOUR BUSINESS POSITION	INTEREST RATE TERM (Months/Years) %
ADDRESS BUSINESS ACTIVITY, IF ANY, OF SOURCE	INTEREST RATE TERM (Months/Years) % None SECURITY FOR LOAN None Personal residence Real Property
ADDRESS BUSINESS ACTIVITY, IF ANY, OF SOURCE YOUR BUSINESS POSITION GROSS INCOME RECEIVED/HIGHEST BALANCE DURING REPORTING PERIOD. IF LOAN \$500 - \$1,000 \$1,001 - \$10,000	INTEREST RATE TERM (Months/Years)
ADDRESS BUSINESS ACTIVITY, IF ANY, OF SOURCE YOUR BUSINESS POSITION GROSS INCOME RECEIVED/HIGHEST BALANCE DURING REPORTING PERIOD, IF LOAN	INTEREST RATE TERM (Months/Years) % None SECURITY FOR LOAN None Personal residence Real Property
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BUSINESS ACTIVITY, IF ANY, OF SOURCE YOUR BUSINESS POSITION GROSS INCOME RECEIVED/HIGHEST BALANCE DURING REPORTING PERIOD, IF LOAN \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED Saiary Spouse's income Loan repayment Sale of	INTEREST RATE TERM (Months/Years) % None SECURITY FOR LOAN None Personal residence Real Property Street address City Guarantor (Describe)
ADDRESS BUSINESS ACTIVITY, IF ANY, OF SOURCE YOUR BUSINESS POSITION GROSS INCOME RECEIVED/HIGHEST BALANCE DURING REPORTING PERIOD, IF LOAN \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's income Loan repayment	INTEREST RATE TERM (Months/Years) % None SECURITY FOR LOAN None
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